

# PHILADELPHIA VAMC PHYSICIAN ASSISTANT RESIDENCY IN EMERGENCY MEDICINE



Corporal Michael J. Crescenz Veterans Affairs Medical Center  
3900 Woodland Avenue  
Philadelphia, PA  
(215) 823-5800  
<http://www.philadelphia.va.gov>

## Return application via mail and all supporting documents via email to:

Olivia Ehmann, MMS, PA-C  
Emergency Department  
CPL Michael J. Crescenz VA Medical Center  
3900 Woodland Avenue  
Philadelphia, PA 19104  
[Olivia.Ehmann@va.gov](mailto:Olivia.Ehmann@va.gov)

*Questions may be addressed to:*

Olivia Ehmann, MMS, PA-C  
Residency Co-Director  
[Olivia.Ehmann@va.gov](mailto:Olivia.Ehmann@va.gov)

Mary Friedberger, PA-C  
Residency Co-Director  
[Mary.friedberger@va.gov](mailto:Mary.friedberger@va.gov)

Geraldine Baer, PhD, MD  
Medical Director  
[Geraldine.baer@va.gov](mailto:Geraldine.baer@va.gov)

### Notes:

- Applications are due by February 7, 2020. Interviews will begin in March 2020.
- Prior to beginning the program, applicants must graduate from an ARC-PA accredited program
- This program is affiliated with Einstein Medical Center and will require a Pennsylvania state license
- Applicants must be US Citizens
- A personal essay is required

## Applicant Information:

Name (Last, First, Middle)		
Address		
Telephone (Home)	Telephone (Cell)	Birth date (MM/DD/YYYY )
E-Mail		

# PHILADELPHIA VAMC PHYSICIAN ASSISTANT RESIDENCY IN EMERGENCY MEDICINE

Emergency Contact

Do you have any conditions that might impair your participation in this program? If so, please describe.

Have you ever used any other name(s)?

## Education and Experience (attach additional sheet(s) if necessary):

<b>High School</b>	Name	From	To	
	Address			
<b>College</b>	Name	From	To	Degree
	Address			
<b>PA Program</b>	Name	From	To	(Exp.) Grad. Date
	Address			
	Degree	Research or Thesis Topic, if applicable		
<b>Previous Residency (if applicable)</b>	Name	From	To	Field
	Address		City and State	
<b>Other graduate degree (s) (if applicable)</b>	College	From	To	Degree(s)
	Field(s)			
<b>Relevant Clinical Experience</b> Use additional sheet if necessary	Location		From	To
	Type			

# PHILADELPHIA VAMC PHYSICIAN ASSISTANT RESIDENCY IN EMERGENCY MEDICINE

	Location		From	To
	Type			
<b>Complete Licensing History (if applicable)</b> Use additional sheet if necessary	State	Type (Full, Standard, Limited, Restricted)	Status	Dates
	State	Type	Status	Dates

Have you ever:

- ☐ Been denied a license
- ☐ Had your Scope of Practice limited
- ☐ Had a license revoked or suspended
- ☐ Been denied hospital privileges
- ☐ Had hospital privileges limited or suspended
- ☐ Been reported to National Provider
- ☐ Had other licensure issues
- ☐ Been disciplined for academic performance

If any of the above apply, please attach an additional sheet with explanation.

NCCPA Certification or Eligibility: \_\_\_\_\_

NPI #: \_\_\_\_\_

(If not yet certified, please list date of scheduled PANCE)

Membership in honorary or professional societies, prizes, awards, fellowships, etc.  
(attach extra sheet if necessary):

---



---



---



---

**Publications and Faculty Appointments:** If applicable, please list publications and/or faculty appointments on a separate sheet or include in CV.

**Professional References:**

- Please request two (2) professional letters of evaluation to be emailed to the address above.
- It is encouraged that one letter be from the PA Program Director or supervising physician.
- Please request that evaluators comment on academic and personal attributes including judgment, industry, interpersonal relations, capacity to assume responsibility and professional ethics.

Reference 1	Title
Reference 2	Title

**Personal Statement:**

A personal essay is required stating your personal motivations and professional goals in the field of emergency medicine.

**Checklist:**

(Please check off and list date information was sent via mail or email)

\_\_\_\_\_ Official PA program transcript requested to be sent to address on first page

\_\_\_\_\_ Official transcripts requested to be sent from any other collegiate or graduate-level programs attended

\_\_\_\_\_ GRE scores requested to be sent, if GRE has ever been taken

\_\_\_\_\_ Documentation of NCCPA certification, if applicable

\_\_\_\_\_ CV, if it includes information not included elsewhere in this application

\_\_\_\_\_ TWO letters of evaluation requested to be sent

\_\_\_\_\_ Personal statement

Proof of US citizenship will be required prior to acceptance into program.

Following the receipt of all documents, competitive applicants will be invited to participate in an interview.

**I certify that to the best of my knowledge the above information is accurate and correct:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_